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Combined Declaration For Page	Application a	nd Power of Attorney		ATTOR 82395AE	NEY DOCKET
As below named inventor, I hereby de My residence, post office address and citizenship I believe I am the original, first and sole invent below) of the subject matter which is claimed an RECEIVER MEDIA FOR HIC	are as stated below n or (if only one name I for which a patent is	is listed below) or an original, sought on the invention entitled	1:	ventor (if plural	names are listed
The specification of which (check only one item	below):				
X is attached hereto.					
was filed as United States Application was amended on (if applicable).	Serial No. on and				
was filed as PCT international applicat	on Number on and	I was amended on (if applicat	ole).		
I acknowledge the duty to disclose to the U.S. P 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Ticertificate, or (365 (a) of any PCT international and have also identified below any foreign apple one country other than the United States of Ame priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) A	tle 35, United States pplication(s) which d cations(s) for patent ica filed by me on th	Code, §119 (a)-*d) or 365 (b) or designates at least one country or or inventor's certificate or any li- e same subject matter having a	of any foreign app ther than the Unit PCT international filing date before	lication(s) for pa ed States of Ame application(s) de	tent or inventor's rica, listed below ssignating a least
#	APPLICATION NUMBER	DATE OF FILING		PRIORITY CLAIMED UND	26.35 HBC \$110
COUNTRY (I PCT, indicate PCT)	ATTUCATION NUMBER	(mrtit/dayyeet)		YES YES	NO
				YES	NO
=				YES	NO
I hereby claim the benefit under Title 35, United	States Code, 119 §(e) of any United States provision	al application(s) li	sted below:	
PRIOR PROVISIONAL APPLICATION(S)					
PROVISIONAL APPLICATION NUMBER			FILING DATE (month/day/ye	er)	
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I hereby claim the benefit under Title 35, United the United States of America that is/are listed be prior applications(s) in the manner provided by Office all information known to me to be mate between the filing date of the prior application(s)	ow and, insofar as the the first paragraph of rial to patentability a	e subject matter of each of the c Title 35, §112, I acknowledge is as defined in Title 37, Code of	laims of this appli the duty to disclo Federal Regulatio	ication is not disc se to the U.S. Pa	losed in that/tho tent & Trademar
PRIOR US APPLICATIONS OR PCT INTER 35USC§120:	NATIONAL APPLI	CATIONS DESIGNATING T	HE U.S FOR BE	NEFIT UNDER	
U.S. AP		STATUS (Check one)			
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PCI	APPLICATIONS DESIGNATING THE U	J.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
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Combined Declaration For Patent Approxion and Power of Attorney (Continued)

ATTORNEY DOCKET 82395AEK

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

èe	nd Corresp	pondence to: Patent Legal	Staff	Direct Telephone Calls to: (name and telephone number)
Eastman Kodal 343 State Stree Rochester, NY			dak Company reet	Arthur E. Kluegel (716) 477-2625 FAX: (716) 477-1148
	FULL NAME OF INVENTOR	FAMILY NAME Anagnostopoulos	FIRST GIVEN NAME Constantine	SECOND GIVEN NAME N.
Ì	RESIDENCE & CITIZENSHIP	Mendon	STATE OR FOREIGN COUNTRY New York 14506 USA	USA
Ì	BUSINESS ADORESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
,	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
. Ì	BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
,	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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- 4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine of imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201 Comfantine N. Amagama port	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203	
DATE	DATE	DATE	
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206	-
DATE	DATE	DATE	